

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	PHARMACEUTICAL COMPOSITION FOR AMELIORATING THE VASCULAR TONE- REGULATING FUNCTION OF VASCULAR ENDOTHELIUM
Attorney Docket Number::	CYNSHI4
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan

10/511587

DT01 Rec'd PCT/PTC 18 OCT 2004

Status::	Full Capacity
Given Name::	Osamu
Middle Name::	
Family Name::	CYNshi
Name Suffix::	
City of Residence::	Gotenba-shi
State or Province of Residence::	Shizuoka
Country of Residence::	Japan
Street of Mailing Address::	c/o Chugai Seiyaku Kabushiki Kaisha of 135, Komakado 1-chome
City of Mailing Address::	Gotenba-shi
State or Province of Mailing Address::	Shizuoka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	412-8513
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Yoshiki
Middle Name::	
Family Name::	KAWABE
Name Suffix::	
City of Residence::	Gotenba-shi
State or Province of Residence::	Shizuoka
Country of Residence::	Japan
Street of Mailing Address::	c/o Chugai Seiyaku Kabushiki Kaisha of 135, Komakado 1-chome
City of Mailing Address::	Gotenba-shi
State or Province of Mailing Address::	Shizuoka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	412-8513
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity

Given Name:: Toshihiko
Middle Name::
Family Name:: KOMORI
Name Suffix::
City of Residence:: Chuo-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of 1-9, Kyobashi 2-chome
City of Mailing Address:: Chuo-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 104-8301

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/JP03/04987	04-18-03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	116419/2002	04-18-02	Yes

Assignment Information

Assignee Name:: CHUGAI SEIYAKU KABUSHIKI KAISHA
Street of Mailing Address:: 5-1, Ukima 5-chome
City of Mailing Address:: Kita-ku
State or Province of Mailing Address:: Tokyo

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Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 115-8543